

# NOTIFICATION OF INCOMPLETE APPLICATION

DATE: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

FACILITY FILE NUMBER: \_\_\_\_\_

- ☐ This incomplete application package is being returned to you. Items in Section A and B must be properly completed and submitted as a total package.
- ☐ Your application for a license remains incomplete as we have not received the items checked below. Please forward the requested information within 30 days, or bring the information to the face-to-face interview scheduled on \_\_\_\_\_. If this information is not received, your application will be considered withdrawn.

## SECTION A — LICENSING FORMS

- ☐ A1. Application for Facility License (LIC 200 or LIC 200A)
- ☐ A2. Applicant Information (LIC 215)  
For: \_\_\_\_\_  
NAME OF PERSON(S)
- ☐ A3. Designation of Administrative Responsibility (LIC 308)
- ☐ A4. Administrative Organization (LIC 309)
- ☐ A5. Affidavit Regarding Client/Resident Cash Resources (LIC 400)
- ☐ A6. Estimated Monthly Operating Budget (LIC 401)
- ☐ A7. Surety Bond (LIC 402)
- ☐ A8. Financial Statement (LIC 403)
- ☐ A9. Financial Information Release and Verification (LIC 404)
- ☐ A10. Budget Information (LIC 420)
- ☐ A11. Personnel Report (LIC 500)
- ☐ A12. Personnel Record (LIC 501)
- ☐ A13. Health Screening Report — Facility Personnel (LIC 503)  
For: \_\_\_\_\_  
NAME OF PERSON
- ☐ A14. Emergency Disaster Plan (LIC 610 or LIC 610A)
- ☐ A15. Facility Sketch (LIC 999)
- ☐ A16. Local Fire Inspection Authority Information (LIC 9054)

## SECTION B — SUPPORTIVE DOCUMENTS

- ☐ B1. Partnership Agreement/Articles of Incorporation
- ☐ B2. Verification of Administrator/Director Qualifications
- ☐ B3. Verification Social Worker Qualifications
- ☐ B4. Job Description — each position
- ☐ B5. Personnel Policies
- ☐ B6. Inservice Training for Staff
- ☐ B7. Facility Program Description
- ☐ B8. Rules of Discipline
- ☐ B9. Admission Policies
- ☐ B10. Sample Menu
- ☐ B11. List of Indoor/Outdoor Play Equipment and Inventory of Furniture
- ☐ B12. Control of Property
- ☐ B13. Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source).
- ☐ Other \_\_\_\_\_

**The Application Fee Is Non-Refundable**

LICENSING EVALUATOR'S SIGNATURE

PHONE NUMBER

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